

UTAH DEPARTMENT OF HEA

PLEASE REV. W
THIS SO WE
CAN come up
with Priority list.
THANKS Nilda

~~REDACTED~~ DRAFT
FOR DISCUSSION ONLY

MINIMUM PERFORMANCE STANDARDS
FOR
BASIC PROGRAMS OF PUBLIC HEALTH

May 1983

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INTRODUCTION

Title 26 is Utah's Health Code; its Chapter 24 is the Local Health Department Act. This Chapter authorizes the formation of local health departments and gives them the powers and duties for all matters that relate to promoting and protecting the health of the public. Preventive approaches to community health problems are an ongoing process. The goal of a local health department's activity and influence in a community is to assist its citizens to achieve and maintain optimal health.

ROLE OF THE UTAH DEPARTMENT OF HEALTH

The Utah Department of Health performs public health functions that require overall coordination, high levels of professional skill, or services that are costly to duplicate at the local level. Environmental health engineering, epidemiology and forensic pathology are examples of the State's role. Section 26-24-3 identifies the following responsibilities of the Utah Department of Health relating to Utah's local health departments:

1. Monitor the efforts of a local health department to protect and promote the health of the public.
2. Establish by rule minimum performance standards for basic programs of public health that preserves both quality and quantity. When a local health department assumes responsibility for a health service formerly provided by the State, it must demonstrate that both of these vital features can be maintained.
3. May provide funds by contract to assist a local health department where resources are inadequate.
4. May provide assistance to local health departments.

PRIORITY HEALTH PROBLEMS

The State has lead responsibility to identify public health problems, establish long range goals and ensure that services will be implemented to address each problem. The State also provides direction, consultation and technical assistance to local health departments. Minimum performance standards for Basic Programs of Public Health have been cooperatively developed by the State and local health departments.

In the past, infectious diseases were the main cause of death and disease. Due to the intervention of public health through better sanitation, proper waste disposal, improved nutrition, immunization and other preventive techniques, these diseases are now less common. These diseases would return were it not for the constant vigilance and maintenance effort public health workers.

Public health today is addressing the major killers and cripplers of modern Utahns: heart disease, cancer, accidents, congenital anomalies, and other chronic diseases. The public health programs of today and the future will focus on disease prevention and health promotion strategies to meet the changing nature of our priority public health concerns.

The following matrix summarizes the relationship between today's priority health problems and existing prevention strategies for infectious diseases, with the Basic Programs of Public Health.

BASIC PROGRAMS OF PUBLIC HEALTH AND THEIR RELATIONSHIP TO PROBLEMS AND STRATEGIES

TODAY'S PRIORITY HEALTH STATUS PROBLEMS							PREVENTION STRATEGIES FOR INFECTIOUS DISEASES					
	ACCIDENTS	CANCER	CONGENITAL ANOMALIES	DENTAL DISEASE/ CONDITIONS	HEART DISEASE AND STROKE	PROBLEMS OF EARLY INFANCY	CHILDHOOD IMMUNIZATIONS	EPIDEMIOLOGIC INVESTIGATIONS	CLEAN DRINKING WATER	TREATMENT OF WASTEWATER	SAFE FOOD SUPPLIES	PROPER DISPOSAL OF WASTE/REFUSE
I. PUBLIC HEALTH ADMINISTRATION												
A. Fiscal Management	X	X	X	X	X	X	X	X	X	X	X	X
B. Local Health Planning	X	X	X	X	X	X	X	X	X	X	X	X
C. Personnel Management	X	X	X	X	X	X	X	X	X	X	X	X
D. Program Management	X	X	X	X	X	X	X	X	X	X	X	X
II. PERSONAL HEALTH												
A. Cancer Screening and Control		X										
B. Cardiovascular Disease Services					X							
C. Child Health Services	X		X	X	X	X	X					
D. Chronic Disease Control		X			X							
E. Communicable Disease Control								X				
F. Community Nursing Services												
G. Dental Health Services		X			X	X	X	X	X	X	X	X
H. Family Planning Services			X	X								
I. Handicapped Children's Services		X	X			X						
J. Health Promotion/ Risk Reduction		X	X	X	X	X	X					
K. Home Health Care Services		X	X			X			X			
L. Immunization Services			X		X				X			
M. Maternal Health Services			X	X					X			
N. School Health Services			X	X					X			
O. Sexually Transmitted Disease Control				X	X				X			
P. Tuberculosis Control			X	X		X	X		X			
ENVIRONMENTAL HEALTH												
A. Air Pollution Control		X				X						
B. General Sanitation							X	X	X	X	X	X
C. Hazardous and Toxic Waste Management			X	X					X	X	X	X
D. Safe Drinking Water			X						X			
E. Solid Waste Management			X						X			
F. Water Pollution Control and Wastewater Disposal			X						X			
IV. LABORATORY SERVICES												
A. Laboratory Services	X	X	X					X	X	X	X	X
V. HEALTH RESOURCES												
A. Emergency Medical Services	X				X							
B. Epidemiology	X	X	X	X	X	X		X	X	X	X	X
C. Health Emergency/Disaster Response Services	X									X	X	X
D. Injury Control	X											
E. Vital Statistics	X	X	X		X	X			X			

ROLE OF LOCAL HEALTH DEPARTMENTS

The role of the local health departments as stated in Sections 26-24-3 and 26-24-14 are as follows:

1. Provide, directly or indirectly, basic public health services.
2. Establish and operate reasonable health programs, not inconsistent with State law, which are necessary or desirable for the promotion or protection of the public health and the control of disease, or which may be necessary to ameliorate the major risk factors associated with the major causes of injury, sickness, death, and disability in the State.
3. Enforce rules, regulations, and standards adopted by the local board of health, and administer all local ordinances, regulations and standards pertaining to health and sanitation.
4. Exercise incidental powers, and issue notices and orders necessary to carry out the purposes and provisions of the Local Health Department Act.

Local health departments are responsible either directly or indirectly, to ensure availability of basic services. This means that all citizens should have access to basic services through private, voluntary or public sources. Many basic health services are available from the private sector: hospitals, physicians, nursing homes, etc. Regardless of the provider, the local health department serves to ensure that health problems are monitored and that basic public health services to correct problems are available. This governmental presence at the local level serves to guarantee citizen access, i.e., ability to obtain or make use of, basic health services.

The powers and duties of the Utah Department of Health and the local health departments are complementary. For example, in regulatory areas, the local health departments play a significant role in plan review, consultation, inspection and some parts of enforcement. Final enforcement authority, however, often rests at the State or federal level. State statutory regulatory committees play an essential role in setting and enforcing standards.

Individuals and families should be helped and encouraged to be independent. They should pay for needed services. Government should be a prudent buyer of health services for those who would otherwise go without. Inability to pay should not exclude children, the aged, the disabled, the poor, indigent, or the handicapped from public health services.

BASIC PROGRAMS OF PUBLIC HEALTH

Section 26-24-3 stipulates the Utah Department of Health shall establish by rule minimum performance standards for basic programs of public health including:

1. Public health administration
2. Personal health
3. Environmental health
4. Laboratory services
5. Health resources, and such other preventive health programs, not inconsistent with law, as may be necessary or desirable for the protection of public health

This document defines Basic Programs of Public Health and establishes minimum performance standards. Units of measurement are identified for each standard. Quality, cost effective services are necessary and should be provided by staff that meet appropriate education and training standards.

Local health departments are responsible to ensure that citizens have access to the Basic Programs of Public Health. They are expected to explore all possible sources of funding, which may include insurance reimbursement or Medicaid. Where a local health department is unable to deliver a basic program due to lack of funding and services are not available through the private sector, the Utah Department of Health may provide services until adequate local resources are available. Many local health departments will provide services that exceed basic programs which are needed by citizens living within their jurisdiction.

Performance standards in this document are a minimum level for maintaining public health programs. Each local health department should meet all of the minimum performance standards. This may be done through 1) direct provision of service by the local health department; 2) indirect provision of service by private and voluntary agencies; 3) any combination of 1 and 2. Each health department is encouraged to exceed rather than just meet established performance standards.

From time to time, the Basic Programs of Public Health and minimum performance standards will require revision. As we grow, we achieve. What was accepted as standard a generation ago is generally unacceptable today. New discoveries will broaden our horizons of what is achievable in promoting health and preventing disease.

BASIC PROGRAMS OF PUBLIC HEALTH AND LOCAL HEALTH DEPARTMENT MANAGEMENT

Local health departments promote health and prevent disease by providing public health programs. The focus is on service. Service delivery involves the combined effort of staff members with a variety of health related training and educational backgrounds.

The number of community health nurses and registered sanitarians needed by a local health department depends on several variables, including number of people served, health needs, population growth or decline, level of training and experience of staff, efficiency of service delivery, and user demand. These variables will not be necessarily the same in each local department.

It is recommended there be one community health nurse per 2,700 to 4,200 population. Community health nurses have five major areas of responsibility: clinics, home visits, school health, occupational health and home health.

It is recommended there be one registered sanitarian per 12,000 to 18,000 population. Registered sanitarians have six major areas of responsibility: food protection, clean drinking water, solid waste disposal, water pollution control, air pollution and hazardous and toxic waste control.

The health officer directs the local health department and is responsible for all Basic Programs. The local health officer can be a physician or a non-physician. A physician consultant supervises medical services when the local health officer is a non-physician.

Department management is a team effort. At the local level, the management team may consist of seven members: the local health officer, who provides overall department direction; a physician consultant; a dental consultant; the nursing supervisor; the chief sanitarian; the chief laboratory technician; and the health educator. In practice, public health managers have both a management and a hands-on service responsibility. The local health officer provides overall direction. Other managers supervise under his/her direction. The following matrix relates Basic Programs of Public Health to the lead and support roles of the management team.

MANAGEMENT POSITIONS

BASIC PROGRAMS
OF
PUBLIC HEALTH

H	P	D	I	S	I	C	I	H
E F F	H	E N T	I U P	H A	I N	E I	E H	E D
I A F	Y	I S T	I R P	I N	E T	F T	F N	I C
L I	I	I S T	I R	F A	R	R A	I L C	A U
T C	C	I N V	G I S	R A	I A N	I B A	A I	T A
H E R *	I A N	I C T	S O R	I A N	I B A N	I H T O R		

I. PUBLIC HEALTH ADMINISTRATION

- A. FISCAL MANAGEMENT
- B. LOCAL HEALTH PLANNING
- C. PERSONNEL MANAGEMENT
- D. PROGRAM MANAGEMENT

II. PERSONAL HEALTH

- A. CANCER SCREENING AND CONTROL
- B. CARDIOVASCULAR DISEASE SERVICES
- C. CHILD HEALTH SERVICES
- D. CHRONIC DISEASE CONTROL
- E. COMMUNICABLE DISEASE CONTROL
- F. COMMUNITY NURSING SERVICES
- G. DENTAL HEALTH SERVICES
- H. FAMILY PLANNING SERVICES
- I. HANDICAPPED CHILDREN'S SERVICES
- J. HEALTH PROMOTION /RISK REDUCTION
- K. HOME HEALTH CARE SERVICES
- L. IMMUNIZATION SERVICES
- M. MATERNAL HEALTH SERVICES

X = Lead Role

Y = Medical/Dental supervision

Z = Support Role

* Directly responsible for all Basic Programs of Public Health

		MANAGEMENT POSITIONS						
BASIC PROGRAMS OF PUBLIC HEALTH		H O I F A L I T C H R *	P H Y S I C I A N	D E N T I S T	I U R P I R I V I G I S O R	I H A I N F T A R I A N	C S I N E I F T A R I A N	C T H E D A U C A T H O R
N.	SCHOOL HEALTH SERVICES	Y	Y		X	Z		Z
O.	SEXUALLY TRANSMITTED DISEASE CONTROL	Y	Y		X		Z	Z
P.	TUBERCULOSIS CONTROL	Y	Y		X			Z
III. ENVIRONMENTAL HEALTH								
A.	AIR POLLUTION CONTROL					X		Z
B.	GENERAL SANITATION				Z	X	Z	Z
C.	HAZARDOUS AND TOXIC WASTE MANAGEMENT					X	Z	Z
D.	SAFE DRINKING WATER					X	Z	Z
E.	SOLID WASTE MANAGEMENT					X		Z
F.	WATER POLLUTION CONTROL AND WASTEWATER DISPOSAL					X	Z	Z
IV. LABORATORY SERVICES								
A.	LABORATORY SERVICES	Y	Y				X	
V. HEALTH RESOURCES								
A.	EMERGENCY MEDICAL SERVICES	X			Z			
B.	EPIDEMIOLOGY	X			Z	Z	Z	
C.	HEALTH EMERGENCY/ DISASTER RESPONSE SERVICES	X			Z	Z		Z
D.	INJURY CONTROL	X			Z	Z		Z
E.	VITAL STATISTICS	X						

X = Lead Role

Y = Medical/Dental supervision

Z = Support Role

* Directly responsible for all Basic Programs of Public Health

PUBLIC HEALTH SERVICES AND MINIMUM PERFORMANCE STANDARDS

Within each of the five Basic Programs of Public Health are one or more related Public Health Services. Listed under the Public Health Services are the Minimum Performance Standards. This arrangement focuses on Public Health Services while remaining congruent with Utah's Local Health Department Act. Roman numerals identify Basic Programs of Public Health, upper case letters are used for Public Health Services and Arabic numerals denote Minimum Performance Standards.

- I. PUBLIC HEALTH ADMINISTRATION includes planning, organizing, staffing, directing, coordinating, reporting, budgeting, and all other aspects of administration.
 - A. Fiscal Management assures that expenditure of available funds is not exceeded, accounting records meet adequate standards and records of expenditures conform to the purposes for which the funds were appropriated or otherwise made available.
 1. Fiscal records shall be maintained in accordance with generally accepted accounting principles. (Units of Measure: Submission of expenditure reports)
 2. Financial audits shall be performed in accordance with U.S. Office of Management and Budget Circular A-102 no less than every 2 years. (Units of Measure: Existence of audit report)
 - B. Local Health Planning assures the orderly review of events, facilities, personnel, and other resources that affect the health of a community. Consideration of alternatives, identification of the possible outcomes associated with each, and selection of an alternative which is beneficial, reasonable and economically feasible for the residents of the community.
 1. A current local health plan shall be developed which includes all plan components as required in the State Health Plan. (Units of Measure: Existence of a current local Health Plan)
 - C. Personnel Management assures that employees are recruited, hired, classified, trained and compensated in accordance with fair market conditions, merit principles, and sound personnel practices.
 1. All personnel actions and records shall be maintained in accordance with State or local (Civil Service approved) merit system principles and other applicable requirements. (Units of Measure: Existence of acceptable personnel merit system)

2. All training and certification programs for establishing and maintaining quality performance shall be conducted as required by the Utah Department of Health. (Units of Measure: Evidence of participation in training and certification programs)
- D. Program Management is the process of directing, organizing, controlling, and evaluating program operations.
 1. All Public Health Services shall be delivered in accordance with an approved budget. (Units of Measure: Existence of approved Public Health Services budget)
 2. Information on all activities related to Public Health Services shall be collected and reported consistent with the statewide Management Information System. (Units of Measure: Existence of a local Management Information System)
 3. All medical/dental services shall be supervised by a licensed physician/dentist and written protocols consistent with State protocols maintained on file. (Units of Measure: Medical services protocol on file)

II. PERSONAL HEALTH includes services directed primarily at protecting and improving the health of individuals.

- A. Cancer Screening and Control provides prevention and early diagnostic services through screening, education, and physician referral and follow-up.
 1. Nine percent of high-risk women shall receive cancer education, screening, and control services. (Units of Measure: Number of high-risk women receiving service to the number of high-risk women in jurisdiction)
 2. Fifteen percent of the senior high school population shall receive cancer education. (Units of Measure: Number of senior high school students receiving cancer education to the number of senior high school students in jurisdiction)
 3. One percent of high-risk males shall be provided cancer education. (Units of Measure: Number of high-risk males receiving cancer education to the number of high-risk males in jurisdiction)

B. Cardiovascular Disease Services provides hypertension screening, follow-up, physician referral, long-term monitoring, patient counseling, and professional and public education.

1. Five percent of all high-risk persons shall receive hypertension services. (Units of Measure: Number of high-risk persons receiving services to the number of local high-risk persons in jurisdiction)
2. Eighty percent of all persons identified by the local health department with elevated blood pressure shall receive follow-up services. (Units of Measure: Number of persons with elevated blood pressure receiving follow-up services to the number with elevated blood pressure)
3. Eighty percent of persons receiving hypertension follow up services from the local health department shall receive comprehensive education, counseling or referral on return visits. (Units of Measure: Number of persons receiving education, counseling or referral service on return visit to the number of persons seen on return visits)
4. Sixty percent of all persons identified by the local health department with elevated blood pressure shall achieve controlled blood pressure status. (Units of Measure: Number of persons identified with elevated blood pressure and achieving controlled blood pressure status to the number with elevated blood pressure)

C. Child Health Services prevent illness and disability, reduce preventable complications of illness, maintain optimal health, and foster healthy growth and development. These services include, but are not limited to, periodic health assessments, health education, screening for early identification of health problems, and provision of appropriate treatment and referral.

1. All children shall be provided access to well child clinic services. (Units of Measure: Number of children served in well child clinics to the number of children in jurisdiction)
2. All sudden infant death cases shall be referred to the State Medical Examiner and families offered counseling services. (Units of Measure: Number of sudden infant death families offered counseling services to the number of sudden infant deaths referred)

3. All infants and children with suspected or known developmental or physical dysfunctions shall be provided infant development services or referred to appropriate resources. (Units of Measure: Number of infants and children provided services or referred to appropriate resources to the number of infant and children with suspected or known developmental or physical dysfunctions)
4. All children and parents attending child health clinics shall be provided health education on accident prevention. (Units of Measure: Number of children and parents receiving accident prevention education to the number of children and parents attending child health clinics)

D. Chronic Disease Control identifies groups at high risk for preventable chronic disease and provides clinical and education services to prevent or delay the onset of disease.

1. A local prevalence rate shall be calculated for each chronic disease service provided and compared with other appropriate prevalence rates. (Units of Measure: Existence of written report on local chronic disease services prevalence rates, calculations and comparisons)
2. All persons on request, shall be provided education on health maintenance activities which may include hypertension screening, medication counseling, weight control, dietary counseling, and stress management. (Units of Measure: Number of residents receiving education on health maintenance activities to the number in jurisdiction)

E. Communicable Disease Control uses reporting, surveillance, isolation, treatment and epidemiological investigation to reduce morbidity and mortality and to minimize the spread of disease in the community.

1. Every two years health providers designated in the Code of Communicable Disease Rules and Regulations shall be provided copies of the reporting requirements and procedures for communicable disease control. (Units of Measure: Number of providers receiving copies of the Code to the number of providers in jurisdiction)
2. All reportable disease outbreaks shall be epidemiologically investigated and control measures initiated within 24 hours of report. (Units of Measure: Number of outbreaks where control measures were initiated within 24 hours to the number of disease outbreaks reported)

3. All reporting and surveillance procedures shall comply with the Code of Communicable Disease Rules and Regulations. (Units of Measure: Number of cases reported to the number of reportable cases)

F. Community Nursing Services provides counseling, education and direct patient care with referral and follow-up for individuals, families and groups in homes, clinics, schools and communities.

1. All client cases managed by the community nursing service shall have a current record on file. (Units of Measure: Number of records on file to the number of client cases managed)
2. Ten percent of all new client records shall be audited monthly. (Units of Measure: Number of new client records audited to the number of new client records on file)
3. A system for the collection and analysis of nursing service data shall be maintained. (Units of Measure: Evidence of a system for data collection and analysis)
4. All people requesting community nursing services shall have access to these services. (Units of Measure: Number of people receiving community health nursing services to the number in jurisdiction requesting service)
5. A current community assessment for nursing needs shall be completed and maintained. (Units of Measure: Evidence of a current community assessment report)

G. Dental Health Services promotes preventive dental health practices among all citizens, through education and community based preventive services.

1. All patients seen in maternal and child health clinics shall receive dental instruction and when needed, a written fluoride prescription. (Units of Measure: Number of patients receiving instruction to the total number of patients seen. Number of fluoride prescriptions written)
2. All local health departments shall annually conduct at least one comprehensive dental health education activity of one week's duration. (Units of Measure: Existence of the program; number of educational contacts made)
3. All local health department facilities shall display at least one dental health poster and provide access to approved printed material on dental health. (Units of Measure: Number and location of posters displayed)

H. Family Planning Services provide requested education and counseling to women and men and ensure access to medical family planning services in accordance with State law.

1. All persons shall be provided access to family planning services on request. (Units of Measure: Number of persons provided family planning services to the number in the child bearing age group)

I. Handicapped Children's Services evaluates children to determine the existence of conditions that may require special care and ensures that diagnostic and follow-up treatment services are appropriate.

1. All infants suspected of having a handicapping condition shall, by their second birthday, be referred to the Utah Department of Health or to an equivalent service agency. (Units of Measure: Number of handicapped children in age group referred to the number of handicapped children in age group)
2. All identified handicapped children shall be referred to an appropriate resource. (Units of Measure: Number of handicapped children referred to the number of handicapped children identified)
3. All handicapped children referred to other agencies shall be reported to the Utah Department of Health. (Units of Measure: Number of handicapped children reported to the Utah Department of Health to the number referred to other agencies)

J. Health Promotion/Risk Reduction services encourage the adoption of healthy behavior that prevents or delays premature death, disease, injury, or disability.

1. Five leading lifestyle risk factors that contribute to injury, morbidity, and premature mortality shall be identified and ranked. (Units of Measure: Existence of lifestyle risk factor ranking)
2. At least one plan to reduce a major health risk factor shall be designed, implemented and evaluated. (Units of Measure: Existence of plan implementation and evaluation report)
3. All community organizations and the general public, upon request, shall be provided a referral guide of State and local health promotion services. (Units of Measure: Number of community organizations/general public provided health promotion services to the number of community organizations/population in jurisdiction)

4. All local media shall be provided with health education materials for dissemination. (Units of Measure: Number of local media outlets provided health education information to the number of media outlets in jurisdiction)
5. All community organizations and industry, upon request, shall be provided health promotion workshops. (Units of Measure: Number of community organizations/industries requesting health promotion workshops to the number of community organizations/industries provided health promotion workshops in jurisdiction)
6. Resources for reducing risk factor prevalence shall be provided on request. (Units of Measure: Existence of resource information on risk factor prevalence)
7. Smoking cessation resources shall be available and services provided on request. (Units of Measure: Existence of resource and service information on smoking cessation)

K. Home Health Care Services are provided to individuals and families in their residence to prevent illness, promote, maintain, or restore health; or minimize the effects of illness and disability.

1. All residents shall have access to home health care services. (Units of Measure: Existence of home health agency in area; number of residents provided home health care service to the number eligible in the population)

L. Immunization Services prevent epidemics and cases of vaccine preventable diseases.

1. The Utah School Immunization Law shall be enforced. (Units of Measure: Number of immunization certificates filed to the number of school age children)
2. Ninety-six percent of all children shall complete recommended immunizations by 2 years of age. (Units of Measure: Number of children in age group completing recommended immunizations by 2 years of age to the number in age group)
3. Each county shall provide a monthly public clinic for immunizations. (Units of Measure: Number of public immunization clinics held to the number of counties in local health jurisdiction)

*Elaine
May 4/94
ca Group*

M. Maternal Health Services are provided to women in the childbearing cycle (before, during, and after pregnancy) to lower the frequency of maternal and infant death, disease, and disability, and to promote the development and maintenance of a healthy, nurturing family unit. *WIC*

1. A current assessment report of all available community prenatal, postnatal, newborn clinical and educational services shall be completed and maintained. (Units of Measure: Existence of an assessment report)
2. Eighty percent of all women and families shall have access to preconceptional, interconceptional, prenatal, and post-partum health services. (Units of Measure: Number of women and families within 30 minutes of service to the number of women and families in jurisdiction)
3. Ninety percent of pregnant women shall receive prenatal care beginning in the first trimester. (Units of Measure: Number of women receiving prenatal care in the first trimester to the number of resident births in jurisdiction)

N. School Health Services ensure that each school-aged child is provided a healthy environment to study and receive needed preventive health services and instruction. *Serv*

1. A current inventory of available school health services shall be established and maintained for all school districts. (Units of Measure: Number of school districts surveyed to the number of school districts)
2. All school-aged children shall have access to vision, hearing and dental appraisal services with appropriate referral. (Units of Measure: Number of school-aged children receiving services and referral to the number of school-aged children in district)
3. All school health services shall comply with State law on immunization and child abuse reporting. (Units of Measure: Number of children in age group completing recommended immunizations by 2 years of age to the number in age group. Number of reports on child abuse)
4. All school health services providing medications and/or emergency care for students shall have written protocols. (Units of Measure: Existence of written protocols for medication and/or emergency care)

0. Sexually Transmitted Disease Control prevents outbreaks and the spread of sexually transmitted diseases.

1. Ninety-five percent of all persons found to have a positive syphilis serology shall be reported to the local health department within 7 days. (Units of Measure: Number of persons with positive serology test reported within 7 days to the number with positive serology)

NOTE: Laboratories are legally responsible to report positive serologies

2. Ninety percent of all persons reported to the local health department with a positive syphilis serology shall have a medical assessment within 5 working days of report. (Units of Measure: Number of persons with positive serology receiving medical assessment within 5 days to the number with positive serology)
3. All women seen in prenatal clinics shall receive a syphilis serology as required by State law. (Units of Measure: Number of women receiving syphilis serology to the number of women attending prenatal clinic)
4. Ninety-five percent of all persons with gonorrhea reported to local health department shall receive treatment within 2 working days of report. (Units of Measure: Number of patients treated for positive gonorrhea within 2 working days to the number of patients with positive gonorrhea)
5. Ninety percent of all persons with gonorrhea reported to local health department or referred by medical provider shall be epidemiologically interviewed within 3 working days of report. (Units of Measure: Number of persons with positive gonorrhea interviewed within 3 working days to total number of persons with positive gonorrhea)
6. All sexually transmitted diseases (STD) reported to a local health department shall be reported to the Utah Department of Health. (Units of Measure: Number and type of STD cases reported to the Utah Department of Health to the number and type reported to the local health department)
7. All persons shall have access to either STD clinic service or a referral system for the examination and treatment of suspected sexually transmitted disease. (Units of Measure: Existence of a clinic or referral system)

P. Tuberculosis Control prevents outbreaks and the spread of tuberculosis.

1. All current tuberculosis case histories shall be maintained in a registry format approved by the Utah Department of Health. (Units of Measure: Number of completed case histories in tuberculosis registry to the number of tuberculosis cases)
2. Ninety-five percent of all resident tuberculosis patients reported to a local health department shall complete prescribed therapy. (Units of Measure: Number of resident tuberculosis patients completing prescribed therapy to the number of resident tuberculosis patients)
3. All reported tuberculosis cases shall include an epidemiologic investigation. (Units of Measure: Number of investigations to the number of tuberculosis cases reported)
4. Ninety percent of all persons identified as household or close contacts to tuberculosis shall be skin tested within 14 days of report. (Units of Measure: Number of household or close contacts skin tested within 14 days of report to the number of household or close contacts)
5. Ninety percent of all persons identified as household or close contacts to tuberculosis with an initial negative tuberculin skin test shall be retested 8-12 weeks following the initial negative test. (Units of Measure: Number of persons reskin tested 8-12 weeks following initial negative test to the number with initial negative skin tests)
6. Ninety-five percent of all household or close contacts with positive tuberculin skin tests shall complete prescribed preventive therapy. (Units of Measure: Number of patients completing therapy to the number with positive skin tests)
7. Ninety percent of all persons requiring a tuberculin skin test shall be from the high-risk population. (Units of Measure: Number of persons from high-risk population skin tested to the total number of persons skin tested)

✓ III. ENVIRONMENTAL HEALTH protects the public through management and control of potentially harmful substances, organisms and adverse environmental conditions.

A. Air Pollution Control maintains desirable air quality by eliminating or minimizing adverse effects on the public and damage to material and vegetation.

1. All open burning shall be regulated in accordance with Section 2.4, Utah Air Conservation Regulations (UACR). (Units of Measure: Number of open burning events occurring to the number of permits issued)
2. All suspected violations of the visible emissions limitations of Section 3 and 4, UACR shall be evaluated using EPA method 9. (Units of Measure: Number of visible emissions evaluated to the number of suspected violations)
3. Ninety percent of all illegal open burning complaints or other suspected violations shall be investigated within 3 hours of report. (Units of Measure: Number of complaints/suspected violations investigated within 3 hours to the number of complaints/violations reported)
4. All regulations of the Utah Indoor Clean Air Act, Section VI, UACR, shall be enforced. (Units of Measure: Existence of an enforcement program consistent with provisions of the Act)

B. General Sanitation includes technical assistance and consultation to protect the public through established sanitation requirements for the design, plan review, construction, operation, maintenance, safety and expansion of food service establishments, institutions, and recreational facilities.

1. All food service establishments shall be inventoried and a current profile maintained on approved forms. (Units of Measure: Number of food service establishments inventoried and profiled to the number of food service establishments in jurisdiction)
2. All reported foodborne illnesses and diseases shall include an epidemiological investigation. (Units of Measure: Number of foodborne illnesses and disease investigated to the number of foodborne illnesses and diseases reported)
3. All public food service establishments, including hospitals, nursing homes and other health care facilities, shall be inspected at least every 6 months. Enforcement action should be initiated in compliance with State or local regulations. (Units of Measure: Number of food service establishments inspected every 6 months to the number of food service establishments in jurisdiction)

4. All public and private schools and correctional facilities shall be ~~inspected~~ annually. (Units of Measure: Number of public and private schools and correctional facilities inspected annually to the number of public and private schools and correctional facilities in jurisdiction)
5. All orders for correction shall be issued within 3 working days after inspection. (Units of Measure: Number of correction orders issued within 3 working days after inspection to the number of correction orders issued in jurisdiction)
6. All ~~public facilities~~* for which State sanitation regulations have been adopted shall be inspected as often as necessary to assure that insanitary or dangerous conditions are corrected on a timely basis. (Units of Measure: Number of public facilities inspected to the number of public facilities in inventory)

NOTE: Where the previous two years of inspection reports demonstrate that a facility has maintained a consistent record of high levels of sanitation and low incidence of injuries, such facilities may be placed on a low inspection priority; inspection frequencies can be extended up to two years.

7. All complaints relating to public facilities shall be investigated within 3 working days of the complaint. (Units of Measure: Number of investigations within 3 working days to the number of complaints)

Low?
Priority

*Public facilities include, but are not be limited to, public buildings and grounds, public conveyances and terminals, mobile home parks, construction or labor camps, hotels, motels, ~~barber and beauty shops~~, service stations, roadway rest stops, and convention centers.

*Restaurant
Swim
Recreational Parks*

2 Xea.m.

8. All complaints relating to recreational facilities** shall be investigated within 3 working days of complaint. (Units of Measure: Number of complaints investigated within 3 working days to the number of complaints received)
9. All public swimming pools, shall be inspected annually for compliance with State and local health regulations. (Units of Measure: Number of public swimming pools inspected to the number of public swimming pools in jurisdiction)
10. All public swimming pool correction orders required for compliance with State and local regulations, shall be issued within 3 working days following the inspection. (Units of Measure: Number of corrective orders issued within 3 working days to the number of public swimming pools correction orders issued)
11. Prior to construction, all public swimming pools shall comply with State and local review standards. (Units of Measure: Number of reviews in compliance to the number of public swimming pools planned for construction)
12. All public swimming pools shall be monitored twice monthly during operation for water quality. (Units of Measure: Number of public facilities monitored twice monthly to the number of facilities in jurisdiction)

C. Hazardous and Toxic Waste Management assures the proper management and disposal of potentially harmful materials, such as pesticides and poisonous substances.

1. All small quantity hazardous waste generators shall be identified and inspected annually to ensure compliance with the Utah Hazardous Waste Management Regulations (UHWMR). (Units of Measure: Number of small quantity hazardous waste generators inspected annually to the number in jurisdiction)
2. All hazardous waste spill violations, or suspected violations of the UHWMR, shall be reported to the Utah Department of Health within 24 hours of occurrence. (Units of Measure: Number of hazardous waste incidents reported to State within 24 hours to the number of reports)

**Recreational facilities include, but are not limited to: public swimming pools, spas, water slides, wading pools and hot tubs; recreational resorts, camps and vehicle parks; private, state and federal parks; large outdoor mass gatherings.

3. All inspections and investigations shall be documented and reported quarterly to the Utah Department of Health. (Units of Measure: Number of inspections and investigations reported quarterly to the number of inspections and investigations conducted)
4. All protocols for handling and disposal of hazardous, toxic, radioactive and infectious waste in licensed hospitals, nursing homes and laboratories shall be reviewed annually. (Units of Measure: Numbers of protocol reviewed annually to the number of facilities involved within jurisdiction)

~~K~~ D. Safe Drinking Water programs assure adequate treatment of water sources for culinary purposes, and minimizes risk to public health by proper management of community and noncommunity water systems.

1. All construction projects shall be inspected as outlined in Section 2.1, Utah Public Drinking Water (UPDU) Regulations. (Units of Measure: Number of construction projects inspected to the number of project plans submitted)
Concurrent with 15 or more people
2. All community systems shall be surveyed annually; all noncommunity systems shall be surveyed every three years. (Units of Measure: Number of community systems surveyed annually to the number of community systems in jurisdiction; number of noncommunity systems surveyed every 3 years to the number of noncommunity systems in jurisdiction)
3. All violations of water quality and monitoring outlined in Sections 3 and 4 of the (UPDW) Regulations shall have enforcement steps initiated. (Units of Measure: Number of enforcement steps initiated to the number of quality and monitoring violations identified)
4. All complaints related to public drinking water shall be investigated. (Units of Measure: Number of complaints investigated to the number of complaints received)
5. All quality control monitoring of bacteriological contamination shall be conducted monthly for community systems and annually for noncommunity systems. (Units of Measure: Number of community systems monitored monthly to the number of community systems in jurisdiction. Number of noncommunity systems monitored annually to the number of noncommunity systems in jurisdiction)

~~E.~~ Solid Waste Management assures proper management and disposal of garbage, trash, and other solid wastes.

1. All solid waste disposal facilities shall be inspected at least semiannually for compliance with the Utah Code of Solid Waste Disposal Regulations (UCSWDR). (Units of Measure: Number of solid waste facilities inspected semiannually to the number of facilities in jurisdiction)
2. All proposed solid waste disposal facilities shall receive a preliminary plan review and on-site field inspection in compliance with UCSWDR. (Units of Measure: Number of solid waste disposal facility plans reviewed to the number of solid waste disposal facilities proposed)
3. All violations of the UCSWDR shall be investigated within 2 working days of report. (Units of Measure: Number of violations investigations conducted within 2 working days of report to the number of reported violations)
4. All inspections and investigations shall be reported quarterly to the Utah Department of Health. (Units of Measure: Number of inspections and investigations reported to the State to the number inspections and investigations conducted)

F. Water Pollution Control and Wastewater Disposal prevents public illness and adverse effects from harmful substances by the proper management, treatment and disposal of wastewater and protects the assigned beneficial uses of all waters as outlined in the State's Water Quality Standard.

1. All Part III (Wastewater Disposal Regulations) wastewater treatment facilities shall be inspected annually to ensure compliance with State/local regulations with violations reported to the Utah Department of Health. (Units of Measure: Number of annual inspections to the number of underground wastewater treatment facilities)
2. All residents shall be provided technical assistance and consultation on subsurface wastewater disposal systems as requested. (Units of Measure: Number and type consultations provided to the number of resident requests for assistance/consultation on subsurface wastewater disposal systems)

3. All routine samples collected from wastewater discharges and associated receiving waters shall be coordinated with the Utah Department of Health. (Units of Measure: Number of routine samples collected to the number of wastewater discharges and associated receiving water injuries)
4. All plans, specifications and installations of individual wastewater disposal systems* shall be reviewed, inspected, and approved in compliance with regulations. (Units of Measure: Number of plans, specifications and installation of waste disposal systems approved to the number of plans submitted)
5. All sites proposed for subdivisions and similar developments, where the intent is to use subsurface wastewater disposal systems, shall be inspected prior to approval. (Units of Measure: Number of sites pre-inspected to the number of subdivisions and similar developments approved)
6. A feasibility study regarding a wastewater disposal system of each subdivision or similar development shall be required when necessary. (Units of Measure: Number of feasibility studies conducted to the number of proposed subdivisions or similar developments under construction)
7. All wastewater disposal complaints or suspected violations of the regulations shall be investigated and corrective action initiated if appropriate. (Units of Measure: Number of complaints and/or violations investigated to the number of complaints and/or violations received)
8. All small underground wastewater disposal systems** proposed for construction shall be inspected prior to approval of construction with an on-site and soil evaluation report forwarded within 2 weeks to the Utah Department of Health. (Units of Measure: Number of small underground wastewater disposal systems inspected prior to construction with an on-site and soil evaluation report submitted to the State to the number of sites proposed for construction)

*Wastewater disposal systems with less than 5,000 gallon capacity per day and not designed to serve multiple dwelling units owned by separate owners except condominiums and twin homes (Individual Wastewater Disposal Systems).

**Small underground wastewater disposal systems with a capacity greater than 5,000 gallons, or serving multiple units under individual ownership except condominiums and twin homes. See Utah Code Wastewater Disposal, Part V.

9. All underground wastewater disposal systems shall be inspected and an approved inspection form completed following installation but prior to backfilling. (Units of Measure: Number of post-construction inspections performed prior to backfilling to the number of small underground wastewater disposal systems constructed)

IV. LABORATORY SERVICES include analytical examinations, biologies production, research, reference and consultation.

- A. Laboratory Services assess personal and environmental health conditions and establishes a data base essential for making decisions regarding preventable health services and risk reduction in a community.
 1. All local health department laboratories performing examinations in support of Basic Programs of Public Health shall be approved by the Utah Department of Health. (Units of Measure: Evidence of State Health Laboratory approval)
 2. All specimens referred for laboratory examination shall be performed by a laboratory approved by the Utah Department of Health. (Units of Measure: Evidence of State Health Laboratory approval)

V. HEALTH RESOURCES are specialized activities which support other Basic Health Programs or Services.

- A. Emergency Medical Services respond to immediate health care needs to prevent loss of life or increased physical or mental illness or injury.
 1. An annual review and evaluation of emergency medical services shall be made in cooperation with the State Department of Health. (Units of Measure: Evidence of annual review and evaluation of emergency medical services)
 2. An annual status report of local emergency medical services shall be provided the local board of health and each board of county commissioners. (Units of Measure: Annual emergency medical services status report provided local board of health and boards of county commission)
 3. An emergency medical services advisory council shall be established to provide recommendations to the local board of health and county commissions concerning local emergency medical services status. (Units of Measure: Establishment of an emergency medical services advisory council in jurisdiction)

4. All planning recommendations shall be reported to the Utah Department of Health. (Units of Measure: Number of planning recommendations reported to the State)
- B. Epidemiology investigates outbreaks of illness and patterns of disease, injury, and premature mortality in human populations to determine cause and mode of transmission.
 1. All Basic Programs of Public Health shall have access to epidemiologic consultation and on-site investigation when necessary. (Units of Measure: Number of consultations/on-site investigations conducted to the number of consultations/on-site investigations necessary)
- C. Health Emergency/Disaster Response Services protect the public during and after such emergencies as earthquakes, radiation instances, and oil and hazardous material spills through the immediate implementation of an emergency response plan under the direction of an on-site coordinator.
 1. A health emergency/disaster response plan shall be prepared which delineates health officer and staff responsibilities. (Units of Measure: Existence of health disaster response plan delineating responsibilities)
 2. A health disaster control manager shall be designated who will assume management control of all health related issues in the event of declared local or state disaster. (Units of Measure: Designation of a health disaster control manager)
 3. The health emergency/disaster response plan shall be integrated into the County Comprehensive Emergency Management Plans. (Units of Measure: Evidence health disaster response plan has been integrated)
 4. A mock disaster exercise shall be conducted annually in each county jurisdiction to test the health emergency/disaster response plan. (Units of Measure: Number of mock disaster exercises conducted to the number of counties in jurisdiction)

D. Injury Control includes activities to identify major causes of increased morbidity and premature mortality, prevent the occurrence of injury, and promote injury control through instruction and public information.

1. An injury surveillance system for at least one cause of local morbidity and mortality shall be established and maintained. (Units of Measure: Existence of injury surveillance system)
2. An injury control public information activity for at least one cause of local morbidity and mortality shall be established and maintained. (Units of Measure: Evidence of injury control public information activity)
3. A child automobile safety restraint service shall be made available. (Units of Measure: Number of child restraint seats provided to public)

E. Vital Statistics is the registration of all certificates regarding vital events and the analysis of their significance occurring in a jurisdiction and the State.

1. All certificates for live births, deaths, and fetal deaths (of 20 weeks gestation or more) shall be reported as required by State statute. (Units of Measure: Number of certificates registered to the number of vital events in jurisdiction)

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